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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) LOREAL 3.0-060



| In re Application of | | | | | | | | |
|--|----|------|-------|------------------------|--|--|--|--|
| Application Number | | | | Filed | | | | |
| 10/664,197 | | | | September 17, 2003 | | | | |
| For INTERFERENCE PIGMENT AND COMPOSITIONS INCLUDING SAME | | | | | | | | |
| Art Un | it | 1755 | Exami | niner Not Yet Assigned | | | | |
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Т id

| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for fi identified application. | ling a rep | ly in the above | | | | | |
|--|--|-----------------------------|--|--|--|--|--|
| The requested extension and appropriate non-small-entity fee are as follows (check | time peri | iod desired): | | | | | |
| One month (37 CFR 1.17(a)(1)) | \$ | | | | | | |
| Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | |
| Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | |
| x Four months (37 CFR 1.17(a)(4)) | \$ | 1,480.00 | | | | | |
| Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | |
| reduced by one-half, and the resulting fee is: \$ | | | | | | | |
| | heck in the amount of the fee is enclosed. | | | | | | |
| | ayment by credit card. Form PTO-2038 is attached. | | | | | | |
| • | ne Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| The Director is hereby authorized to charge any fees which may be required | , or credit | any | | | | | |
| overpayment, to Deposit Account Number 12-1095 | | | | | | | |
| I have enclosed a duplicate copy of this sheet. | nave enclosed a duplicate copy of this sheet. | | | | | | |
| I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| attorney or agent of record. Registration Number32,8 | 362 | | | | | | |
| attorney or agent under 37 CFR 1.34(a). | | | | | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | | | | | |
| August 12, 2004 | = | | | | | | |
| | ignature | | | | | | |
| | H. Tesc | | | | | | |
| Telephone Number Typed o | r printed i | name | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are than one signature is required, see below | required. Sul | bmit multiple forms if more | | | | | |
| Total of 1 forms are submitted. | | | | | | | |
| | | | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 12, 2004

Signature:

10664197

(Michael H. Teschner)